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1. EASLES,

BY

HIRAM CORSON, M. D.

OF

CONSHOHOCKEN, PA.

PHILADELPHIA, PA.

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In my article on scarlet fever I promised to inform your readers how, more than forty years ago, I breasted the opposition to the use of cold water as a drink for sick people, and especially those suffering from diseases of skin, as scarlet fever, measles, etc. Persons have said to me, "We do not see how you could justify yourself, inexperienced as you were, wholly unacquainted with *practice*, to go directly contrary to the teachings of experience in cases where life was at stake. You had no warrant for what you did, and if a mother had lost her child under your treatment, you would properly have been denounced as its murderer." All who do not follow a routine

practice act from motives—and it is well and oftentimes interesting to go back to the motives or incidents which led us to pursue a course not usual in our business, or to embrace opinions in direct opposition to those given to us by authority, received as truths, and acted out in our lives, without a suspicion of their being falsehoods. That it was very dangerous, almost fatal to drink water while having the measles, was as well known to every school child in the neighborhood where I lived, as that we were really living children—no one ever doubted it. Every doctor had declared it over and over again, not because any one attempted to drink it when sick, but merely to show that he had knowledge on the subject.

While thus impressed, and with an almost idolatrous confidence in the skill of our doctor, an incident occurred which swept my young heart till “it wailed like a broken harp string,” and left me in a state of doubt and perplexity and distrust of what I had regarded as truth and duty. When I was yet only a lad, a little niece whom I truly idolized was taken with measles, and as she was quite poorly the doctor was sent for. Warm

teas were ordered, with directions that she should be kept warm, and no cold water, which she was clamoring for, allowed. Soon she became worse, and daily and hourly worse—a hoarse cough, oppression, burning fever, torturing thirst, a large blister over her chest, and begging, piteously begging for water. Day and night she suffered on, and day and night a loving mother ministered to her wants as best she could, with teas, the teas which experience prescribed. But there was not a moment's relief. The thirst continued, the blister was a great raw surface, torturing the poor little creature, and so, still calling for a drink of water, she suffered this fearful agony until relieved by death.

When all was over my young brothers and myself clustered about our sister, who to us supplied a mother's place, and while we sorrowed for the dear departed we had one regret which we could not shake off, namely, that we had not rebelled against custom and the doctor, and given the little creature as much water as she could drink. From this grew the fixed determination never again to refuse a child, thus suffering, a drink of cold water. In a week from this time a young man living in

the family felt feverish and thirsty, and as he had not had the measles, and supposed himself to be getting them, he concluded, as he was just about to walk several miles to meeting, to lay in a good stock of water beforehand (knowing he dare not take it after the measles appeared). So he went to the pump and drank largely, very largely of cold water; then started on his walk. When in six hours he returned he was covered with the eruption, and his ease went on without trouble to the end, though he did not drink any more of the forbidden beverage. I thought much about this ease and could not see why, if he could drink freely of water just as the measles were ready to appear, without fear, yea, with real comfort and advantage, it should be dangerous to use the same drink *after* the eruption appeared.

Before I had graduated in medicine I made another observation, namely, that the first child in a family who gets measles nearly always has the eruption well out before the parents are aware that it is having the disease, and such cases generally go through the disease very well. But now that the parents have discovered that one of the children has



the measles, there is a bustle in the house ; the other children are brought in, are closely watched and cautioned against taking cold, and on the slightest symptoms of sickness are put into a warm room and made to drink freely of warm or hot teas. They are not merely cautioned against taking cold water, but are compelled to take hot teas under the belief that they help to "bring out" the measles; and what an anxious time for the parents and what privation and suffering for the children ! There is no physician of long experience who cannot call to mind numerous cases where children have been nauseated by those teas for a whole week before the eruption could be made to show itself. Why so long—and why did they come out so readily in the first case occurring in the family ? The first child had the ordinary symptoms—a little headache, some general malaise, slight fever and desire for drink—but while children can go about they will "keep up," as the mother says ; so being thirsty and the water agreeable to take, cooling to the heated system, and relieving to all the symptoms, it is taken freely. The child goes to the bucket, the spring or the pump, as the case may be, and

drinks to repletion many, many times a day ; and thus the body being kept cool, the child feels sufficiently comfortable to indulge in pastimes, often even to continue at school, and there is no suspicion of measles until it is announced by the eruption.

This very day I have been called to two girls, one of them eleven and the other nine years, covered with measles, and yet they were at school yesterday. Many a time have I been sent for to tell what the eruption was, and have found the child but slightly complaining, although covered with the eruption of measles. But why did they not come out easily on the children who took the warm drinks? Why were their cases so suffering and sometimes fatal? Ah! that is the question which I must answer or lose my case. But as the answer is not needed just now, I will trust to making it plain as I proceed. It was then from witnessing the sufferings of my idolized niece, and from observing the good effects of copious draughts of cold water upon those children, who were, unknown to their parents, having the disease in the early stage, and were drinking cold water without stint, that I felt myself authorized to order cold

Water as a drink; as a *remedy* I will say—to those getting or having measles. This was my only justification for breaking away from a custom extensive as the continent and as unchanged from time immemorial as the laws of the Medes and Persians, which alter not.

It was not strange that I should be met with opposition, even denunciation, from both parents and physicians. But strong in my convictions, determined in my purpose and successful in my treatment, I kept on my way until now, in my forty-fifth year of practice, I can say without fear of successful refutation, that in all this time, in an attendance of thousands of cases, only two children have died from this disease to whom I was called. Of them I shall speak hereafter. Such is my preface. Now of the disease and its treatment.

Authors differ but little in their description of this affection. CULLEN, who wrote about 70 years ago, in two or three pages gives as good a history of its main features as do recent authors who spread it over many pages. No one speaks of it as a disease of great danger, and yet all authors agree in representing it as a *precarious* one. The young prac-

itioner, though he knows that it is not generally fatal, enters upon the treatment of it with great distrust. He has come away from the teachings of the college and the reading of medical books with a feeling that it is a treacherous disease; that it may not "come out well," or after having come out, may, from no apparent cause, "strike in," and a train of fatal symptoms are developed; symptoms of which he can scarcely divine the cause, and the relief from which is not to be gotten by measures to which he would resort, if such symptoms should manifest themselves in other diseases. So, too, the mother. She watches for the eruption, and believing that on its free and copious development depends the successful progress of the case, and confiding in the traditions which have come down from the mother to daughter, and from physician to nurse during a century, that cool air retards the eruption and warm drinks promote it, excludes the former and gives with unsparing hand the latter, too often with fatal effect.

There are a few points in the history and treatment of measles on which parents and physicians have been fully agreed :

First. That, while measles are not a very fatal disease, there is an uncertainty about their going regularly through the various stages, and that the cause of that irregularity cannot always be certainly guarded against nor successfully combat'ed.

Second. That covering the patient with an abundance of bed clothes in a warm room and giving him freely to drink of warm teas will promote the eruption.

Third. That exposure to cool air and the drinking of cold water are detrimental to the development of the eruption or efflorescence on the skin (which they regard as the disease) and that consequently they must be avoided.

Fourth. That purgatives given during the appearance of the eruption or before the decline will be likely to cause it to strike in.

Fifth. That if symptoms of lung, or stomach, or bowel affliction supervene, and the heat and redness of the skin are diminished, all these result from the eruption striking in, and can only be relieved by an immediate resort to hot and stimulating drinks. Shall I say that these opinions have legitimately grown out of the teachings of professors to their pupils, and

have been by them handed down to mothers and nurses? No; I think their growth was in the contrary direction. The traditions of the nursery—respecting a disease which mothers were believed to know more about than the *doctors*--have been handed down from mother to daughter and from nurse to nurse, from time immemorial, and every one who passed safely through the treatment was so firm in the belief of its saving power that even learned physicians and scientific teachers have not yet been able to emancipate their minds from those traditions.

But be the solution as it may, certain it is that those opinions have been held and practiced during all my time and are yet the prevalent opinions everywhere. Young men still come away from college and pass into practice afraid to give a drink of cold water to a child in any stage of measles. Old physicians who have practiced for nearly half a century have never yet ventured to give a glass of cold water to a child suffering the terrible thirst attendant on this disease. Even now from the desk of the teacher the dangers of cool air and cold drinks are pointed out, and though he may say, "if the fever run very high and

restlessness be very extreme, a little cool water may be allowed," it is so guarded by fearful descriptions of the dangers of repelling the eruption that the pupil is afraid to assume the responsibility of using the much-dreaded drink, and so the child suffers on through weary days and nights that terrible thirst, which no warm drink can ever allay, and which, once felt, can never be forgotten. I have carefully examined the treatment of measles as given by our best authors--have heard from the lips of truthful students the teachings of "professors on practice;" have looked through medical journals and "transactions" of State societies, and have yet to learn that any one has openly advocated the use of cold water even as a valuable means of relief in this disease. In a very few instances it may have been *allowed* in cases of extreme thirst and great suffering.

In the hope that my experience with cold drink and cool air in this disease may be found useful to the young physicians to whom it may come through your journal, and may warrant them in giving this most delicious drink to the feverish and thirsty child I shall lay it before them.

In 1828, soon after I began to practice, I was called to a family in which the measles had already appeared on one child and the others were expected to have them. The mother had been giving hot teas, and though the eruption was well out, the child seemed to be suffering greatly. It coughed violently and was extremely restless and wretched, though it was well covered in bed and in a very warm room. The other children, too, were closely kept to this room, for fear they might be getting the disease, and were now and then given a good draught of warm tea. I advised the mother to give the child plenty of cold water to allay its thirst and fever. She was startled—what, give it cold water! Why, won't that kill it? No. It is the proper thing for it. It will cool it off so that that it can rest. Suffice it to say that on my strong assurance that no harm would come to it, but that the water would, perhaps, be the only thing needed in the case, she consented to give it; to do that which her heart yearned to do, but which her fears had forbidden. I gave it no other medicine—I say medicine, because though other medicines may be needed occasionally in this affection, there is



hot one in the whole *materia medica* so valuable in every stage of disease as this most delightful beverage and "fever medicine."

I visited it morning and evening to see that no harm should come to it. It went happily on to convalescence. I allowed the other children to run about and drink freely of water, not only till they began to complain of illness, but until the eruption came out, and on through all the stages of the disease—they all did well. The Rubicon was passed. It was noised around the neighborhood. Neighbors came to see if it were so that the children had drank cold water while having the measles, then went to others to tell them of the innovation. As the disease spread, I was called from place to place, and persistently followed the same plan of treatment, using cold water as a remedy, and in many cases as the only remedy. But if a laxative were needed, or an opiate to allay the cough and procure rest at night, it was administered. During the whole epidemic not one died, not one suffered from dangerous complications. But this visitation of measles was not severe nor very general. In the winter of 1833 it came again, and was marked for its severity.

The same treatment was pursued and with uniform success, but I had not a majority of the cases to treat. There were other physicians around me; men beloved and relied upon, and as they adhered to the good old way, and strongly repudiated the new, I sometimes had difficulty to get those to whom I was called to follow my advice, but, as I never yielded assent to the giving warm drinks, they generally came over to my plan, rather than assume the responsibility of refusal. Some of the families with whom I practiced preferred not to call me at all, but themselves undertook the treatment in the old way, as was not unusual even in the practice of other physicians, only calling the doctor when some difficulty occurred. We had, then, during that winter, my cooling treatment, the warm treatment by the doctors and the warm treatment by the mothers without any physician.

I was in a delicate position and watched with intense anxiety the progress of my cases. Several children died in the region around, but not one who had the cooling treatment. I observed, too, an important fact—nine times during that winter I was called to patients who, having passed successfully through the

measles and believed themselves well, took a short walk in the yard, or to the barn, or sat for a short time on the porch, of a pleasant day, in the sunshine, and were, after a very brief space of time, seized with an oppression about the chest, which soon increased to great difficulty in breathing, in some instances like the worst forms of asthma.

I confess that I then scarcely knew what was the matter—scarcely know yet—but as the lancet was the remedy for desperate cases, it and the warm bath and opiates managed to procure relief in a few hours. Every one of those cases had been treated by warm drinks in a warm room—not one of them subjected to the cooling treatment. I pondered this fact. The solution was easy. Those patients had been for two or three weeks in a heated room, taking warm drinks, perspiring night and day—all this time in a temperature of 80° to 90°, and were then suddenly exposed to the cool, damp air of a mild winter or early spring day. You know the rest. The surface was quickly chilled and the lungs heavily congested. Not so with those who were kept in a cool room and used cool drinks. They could go out with-

out danger. Here I might almost close my paper by saying that from the year 1828 until this day in 1872, I have used cold water as a remedy; not merely allowed it as a drink, in every case of measles under my care, and in not one single instance was there a fatal termination. But what of the two cases which I said died? One of these, a healthy male child of one year, had been by his mother well heated for several days to bring the measles out. They came to her satisfaction—he was like a boiled lobster for redness, and she thought she was succeeding finely, when at midnight she found him struggling in convulsions. In about two hours I saw him still in convulsions, and in an hour more he was dead. The other, a girl of about seven years, in a family where several children had the disease, and when the mother was conducting the treatment, was severely attacked in the night with croup—her hoarseness having been great all day—and I was sent for, and though I treated her on the then approved plan, she died before morning. These are the only fatal cases with which I have had anything to do, until I commenced this paper.

Two days since I was called to a boy 11

years old, in his 9th day from the coming of the eruption; his difficulty of breathing was extreme; there was a dry bronchial respiration, but no vesicular murmur. He was pale and death-like in appearance, almost pulseless, and died in a few hours. The old Irish aunt who had charge of him was amazed that he had gotten worse, for, she said, "she had him sweating for nine days, as bad as anybody could sweat, and she could not see what come over him." His brother of 13 was already just breaking out with the eruption and was greatly frightened. I had him gotten from under a heavy load of bed-clothes, told him of the comfort and advantage he would receive from keeping him-self in a cool part of the room and drinking cold water, and held before him the danger of the heating plan. He followed my advice and in a few days was quite well. He then told me of the great comfort produced by the cold drink. His mouth before had been so hot and dry and sore that he could hardly close it, while his whole system was in a state of feverish excitement, aggravated by the hot drinks and load of bed-clothes—free draught of cold water not only cooled his mouth and throat and

stomach, but allayed the fever of the whole system.

From what I have seen of this disease, I incline to the belief that many of the so-called complications are oftentimes owing to the treatment. I am well satisfied that in measles, as in scarlet fever and in small-pox, cases may, by a judicious use of measures to allay febrile excitement in the early stage, be rendered very mild, which, under a heating, stimulating treatment, would be grave if not fatal ones. Let us look closely at this disease. What is it? There is a vague but ill-defined belief among non-medical people, and which is allowed a prominent place in the minds of many physicians, that the eruption is somewhere in the system (in the blood perhaps), and that it is important to get it on the surface—that if once there (the more of it the better), the case will do well, provided it can be kept there. To get it out and to keep it out are the cardinal points of treatment. From time immemorial it has been known that a hot stimulating treatment will produce a copious eruption. Often have I heard mothers triumphantly say: “I brought them out well; you could not put a pin’s head

between them." They were surprised, too, that despite the copious eruption a fearful bronchitis or pneumonia had occurred. Another question presents itself. Is the system at all relieved by this copious eruption? Authors say, no. Prof. WOOD, says: "Neither the catarrhal symptoms nor the temperature declines on the appearance of the eruption." So say FLINT, CONDIE and others. Why should the symptoms be modified by its appearance? It is only the steady march of the disease—only one evidence of its extension to parts before unaffected. The mucous membranes were invaded a day or two before the eruption appeared on the skin, where it would have been very moderate, perhaps, but for the heated rooms, and hot and stimulating drinks. But some one says: "How is it that sometimes they do not come out, and that in those cases there is great danger?" They have not come out because bronchitis or pneumonia or some other internal complication has already supervened.

The disease as exhibited to us is a disease of the skin and mucous membranes. The former we can see—the latter is manifested by the afflection of the mouth, fauces, larynx,

wind-pipe eyes, nose, etc. These irritations develop fever, as do other extensive irritations, and just in proportion as we allay those irritations, just as we calm and quiet the nervous and vascular systems, will good effects be manifested in a diminished action of the heart, in a lessened eruption and heat of the skin, and in general improvement of abnormal symptoms. And how can the disease be thus modified? By allowing the child, in the very inception of the disease, to drink freely of cold water, to have it in a place congenial to its feelings, and, if the eruption or heat of skin be excessive, by sponging it freely with tepid or cool water, and by giving, also small doses of neutral salts to move the bowels. By these means the skin and mucous membranes will be greatly relieved of their irritations and the disease be, not only moderated, but greatly shortened. But I have made no provisions in the above treatment for complications. There will be no complications in any ordinary epidemic of measles if we do not make them by our aggravating treatment—by that we can readily produce bronchitis, pneumonia or croup. “But,” says some bereaved mother, “the case was going



on finely, the eruption was out splendidly, I kept the child warmly covered in bed, so that no cold air could get to him, and yet the measles struck in and he died." And now the mother thinks that the eruption, the efflorescence on the skin, sank down through the skin on the lungs and in some mysterious way overwhelmed them. So, too, many physicians think, if we may judge them by their fear of the eruption being repelled by a cup of cold water or a breath of cool air. What is the truth in the case? That the irritation of the bronchial mucous membrane has become too intense, has become a real inflammation, involving, perhaps, deeper tissues, and now these diseased structures, like a counter-irritation, draw away from the skin the irritation, or lessen the activity of its circulation, on which depended the redness and heat of surface.

If we could relieve the bronchitis or pneumonia in an hour or two the efflorescence would return. Here we have had a complication produced by our own torturing treatment; by our hot drinks, our teas and our tiff and our punch, by our refusal to allow the child to quench its thirst, to cool its burning mouth,

to throw off its heavy load of bed clothes and cool its limbs. What do authors say on this subject? Prof. WOOD says: "When measles prove fatal it is generally in consequence of inflammatory disorganization." Dr. FLINT says: "In the great majority of grave cases the gravity is dependent on complications in the respiratory organs; diphtheritic laryngitis, or true croup, is sometimes developed. It is to be considered that the complications do not occur in consequence of the eruption being delayed or insufficient, or striking in, but the latter are rather the consequence of the former." So it appears that neither the "not coming out," nor the "striking in" is the cause of the bronchitis, pneumonia, croup, etc., but that the latter causes the former. How important then in the treatment of measles to keep within due bounds the disease of the mucous membranes of the air passages. They are affected two or three days before the skin is attacked, and during those days we can do much by a cooling, calming treatment to moderate the disease of the mucous membrane, and prepare the system for a mild manifestation of the disease of the skin. It is because we regard the erup-

tion of the measles as the disease that we bungle so much in treatment. A blind man who should depend on his touch to tell him that the skin needed cooling; on his ears to inform him of the degree of the cough and the condition of the lungs, and the suffering of the patient for drink, would not so err. He would attend to the voice and pleadings of nature, and not prescribe for a name.

Though the eruption may be well out, the cough and heat of the skin are not allayed until desquamation begins to take place; and what is the beginning of desquamation? The ~~disease~~ *disease* has reached its height, and desquamation is only convalescence.

It is a common opinion that measles require a certain time to reach their height and that no mode of treatment can shorten the time from this first appearance of the eruption to the end of desquamation. I do not think this is true. Take a mild case of measles and you will have the eruption but a day or two, and in a day or two more the patient is quite well. Take what threatens to be a severe case, and cool it off by plenty of cold drink, cool air in the room, a mild laxative, by sponging the heated body with tepid, or cool water, if need

be, and you will make a mild case of it which will be well several days sooner than a similar one treated with hot, stimulating drinks. Such is my experience. On this subject Dr. FLINT says: "Measured by the temperature the duration of the disease varies considerably; the decline of the fever occurring in some cases on the 4th day, in others not until the 8th or 10th day." MEIGS and PEPPER in their work, say: "The highest temperature in an ordinary case of measles is  $103^{\circ}$  Fahr.; if it pass that it indicates a severe attack, if it do not reach it a mild one. In some of the mildest cases the eruption has gone in a single night and these were no bad effects, while the sickness was shortened by two or three days." Authors say when the temperature rises to 106 or 107 the cases are very grave.

In view of those statements is it not apparent that we should endeavor to keep down the temperature? Keep it below  $103^{\circ}$ , for is it not from this heated condition of system that come the complications? If the thermometer in the axilla show a temperature of 106 (and I think some one say it has risen even to  $109^{\circ}$ ), will it not be quite as high in the lungs, or in the nose, or mouth? and shall we supinely

look on, and not attempt to allay this intense heat of skin and mucous membranes, saying, "It is only measles, and cold air and cold water are very dangerous, in this disease, they are well out and they will begin to decline in a day or two?"

Would we do so if such heat of skin, such burning of the mouth, such fierce thirst beset our patient in any other disease? Certainly not. But with this dread of *striking in* before our eyes, with the fearful traditions of the danger of taking cold drinks in our minds, we press to still deeper depths of suffering ~~of~~ our unfortunate patient. Let no one suppose that I exaggerate the case. Only two months since a friend of mine, in Philadelphia, lost a fine boy, of about eight years of age, of measles, treated in this way; and that too, while child and parents begged that the cooling treatment which they, while residing here, had seen me use in this disease might be used. But the doctor was afraid of cold water as a drink, and so the little fellow struggled on a few weeks to die of "something left after the measles."

I could mention many other cases, but will refer only to two; they will illustrate the common mode of treatment. About fifteen

years ago I called to see a former patient of mine then living nine miles away. The moment the wife opened the door she exclaimed, "Oh! doctor, I have been wanting so much to see you; little Betty has been near dying with measles and the doctors would not allow her a drop of cold water, though I begged of them to give her some, and told them that I knew you gave it in measles when we lived in your neighborhood. She was for six weeks that I did not know whether she would live or die." On inquiring, I found that as soon as she began to be sick, the doctor, a very recent graduate, who lived near, was sent for, and at once ordered her to be kept in a warm room—a room heated to 82°. He brought a thermometer and showed the mother where the mercury should stand; a'so directed her to have warm teas, and to be carefully guarded against cold air, for fear the measles would not come out. Soon the child became worse, begged unceasingly for cold water, was hot, feverish, racked with cough, and so with water refused and hot teas forced upon her, she suffered on as only those suffer who having measles are thus treated. A second doctor was called—one who had practiced many

years—a graduate, also, of one of our best medical colleges. He approved of the treatment, and so during six weeks without a single drop of cold drink she was plied with medicine, but finally recovered so as to get about, though “she has ever since been weakly from something left after the measles,” the mother says. The physicians looked upon her escape from death as a triumph of skill. As the doctor was fresh from the college, and I was desirous to have him join our medical society, I called upon him and asked him to allow me to propose him for membership. He said he thought it, the society, might be a good thing on one account—namely, to regulate the fees. I replied, “There is a more important object, the attainment and diffusion of knowledge. If you had been at one of our late meetings and had heard me declare that in a practice of more than twenty years, I had never lost a single case of measles, and yet had allowed my patients, nay urged them to drink freely of, cold water in every stage of that disease, and sometimes sponged them with cool or tepid water to allay the great heat of skin, you would not have kept your little patient, over the way, suffering for weeks for want of a

drink of cool water, to cool its parched and burning mouth and throat." He replied: "I would have been afraid to try it." Why afraid? "For fear the measles would strike in." And nothing I could urge could allay his fear of the cold drink. This man had just come from one of our eminent medical colleges. The inference is, that the fear of delayed and repelled eruptions had been thus strongly impressed upon his mind. I have often heard persons who were of sufficient age when they had the measles to retain a remembrance of their sufferings, say that they had never in any other disease suffered so much.

They had used warm teas and it seemed as though the mouth and throat would burn up. I shall now give a case to show how great the relief, in those suffering cases, for copious draughts of cold water. I was called to a young hired girl who formerly lived farther up in the county, where hot teas are used. On visiting her, found her very comfortable, as her mistress had given her plenty of cold water in accordance with my practice in her own family. She had sent for me, she said, only to save herself from blame,



If anything adverse should happen the girl. She got well without medicine and almost without suffering. After dark the next day I was called to her sister, a strong, healthy girl living a mile away from her. I found her with a most copious eruption, skin intensely hot, eyes and nose and mouth in flame. She was lamenting greatly. "Oh! my mouth is burning up"—and when not talking would hold her mouth open as if to let the air cool it—I said—you have been drinking hot teas—yes, she said—what kind? sweet marjoram—what else?—she hesitated—but after a moment—sheep-dung tea. I hope your young readers will not be frightened at this. It was a common drink then in measles, in many parts of the country and not rare in the city. I at once ordered a pitcherful of cold water and told her to drink as much as she pleased, assuring her at the same time that her sister had been drinking it freely for two days and was doing well. She drank copiously—drank to repletion, and the relief was immediate; The mouth and throat and stomach were cooled; the whole system felt the influence, and with plenty of the same to take whenever she wanted it she spent a comfortable night.

On visiting her next day I found her mother in the room. Nothing could exceed the surprise of that woman. She had never before known that a person could take a drink of cold water in measles without being killed by it. She had called on her other daughter on her way down, and had found her very comfortable, and now this one, who the day before had been considered dangerously ill, was apparently convalescing and yet drinking freely of the dreaded beverage. In their neighborhood, she said, no person had ever used a drop of cold water in measles, but "sheep-tea" was common drink in that disease until *they* came out. In conclusion, have we reason to believe that treatment can influence this disease for good or ill? I have already spoken of the mildness of the disease in the first child who gets it in a family, and which is owing to the cooling treatment to which it naturally submits itself. But now see the second child, which the mother has watched for several days, has kept in the house, has dosed with warm tea to bring out the eruption. The child is over-feverish and very uncomfortable, cannot rest at all and calls for water, refuses and fights against the teas. But the mother

and the doctor say she must take them, must not take a drop of water, so it must take into its burnt and sore mouth the hot teas or nothing. Who can measure this suffering?

On a summer's day, even when we are quite well, if we have become thirsty, how impatient we become, how acutely we suffer if deprived for a few hours of a drink of cold water. What, then, the suffering of a child whose mouth, for many days, has been heated to  $105^{\circ}$  or  $107^{\circ}$  Fahr., and yet the doctor comes and says he is going on finely—the more eruption the better. To him the eruption is the disease. But now when he has the temperature of the skin to  $105^{\circ}$  or  $106^{\circ}$  let him also remember that he has raised the temperature of the bronchial mucous membrane to  $105^{\circ}$  or  $106^{\circ}$ , and the efflorescence or eruption there is as intense or profuse as on the skin, and is just ready to pass into bronchitis or pneumonia, the complication which he has so much dreaded, and which his treatment has produced. But could this have been avoided? Yes, in almost every case. Bear in mind that the efflorescence or eruption occurs on the mucous membrane of the mouth, trachea and bronchial tubes two days before

its appearance on the skin, and you will see how important the *early* treatment is. Instead of heating the child's system when the disease is commencing, let it take its own course. It will drink freely of water, will seek a cool place in which to sit or lie, will eat but little, and the eruption on the mucous membrane will be light, so light that the child makes but little complaint, and the eruption will be seen on the skin before the mother deemed the child poorly enough to need much attention. It will be quite light too, for the heat of the system had not risen to  $103^{\circ}$  perhaps. Now that they have come out thus mildly, let the system still be kept cool, the temperature of the skin and mouth and mucous membrane allayed by as much cold drinks as the system craves, and my word for it there will be no bronchitis, no pneumonia, no croup, no "disease left after the measles."

My object in the treatment of measles is to have a mild efflorescence on the mucous membrane and a light eruption on the skin. The measures which keep down the temperature below  $103^{\circ}$  (I quote the standard of authors), will effect both objects. I ought to add, that dur-

ing the last week I was called to three cases which had been under the hot, sweating, stimulating treatment, one of which was complicated into croup, a second with bronchitis and a third with a diarrhea with bloody discharges.

I may also say that though I have not spoken of the use of ice, I used it freely in the mouth with all patients old enough to take it.

I have explored only a very small part, but during forty-four years I have examined that part so thoroughly, have traversed it so often, am so well acquainted with its intricate paths, know so well every stump and rock and secret haunt behind which disease can hide itself and from whence death can shoot his arrows, that I feel like pointing them out to those just entering on a theater of action from which I must soon retire.

*A. of the last field of Medicine*





